

MUTUAL OF OMAHA

# Term Life Express



Mutual of Omaha

Life insurance underwritten by United of Omaha Life Insurance Company. United is not licensed in New York. In New York, life insurance is underwritten by Companion Life Insurance Company, Hauppauge, NY 11788-2934. For Producer use only



# Term Life Express (TLE)



## Product Specifications

- Simplified Underwriting
- 15, 20 & 30 Year Terms
- Full Guarantee or 5 Year Guarantee
- ROP for 20 & 30 Year Terms
- Age range from 18 to 65
  - Depends on product and state
- Face Amounts
  - \$25,000 - \$400,000

# Term Life Express (TLE)



## Underwriting

\$25,000 - \$250,000

- **Motor vehicle report**
- **M.I.B report (Medical Information Bureau)**
- **Pharmaceutical Report**
- **Build Chart**

\$250,001 - \$400,000

- **Same as above, plus:**
- **Mandatory phone interview**
- **Oral swab test**

Ages 61-65 requires mandatory APS

# Underwriting (Questions 1 – 2)



7. UNDERWRITING	
If the Proposed Insured answers "Yes" to questions 1 through 7 in this section, that person is not eligible for coverage under this application.	Proposed Insured
1. Has the Proposed Insured ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured <b>ever</b> (i) been diagnosed with, or (ii) received care or treatment for, or (iii) been advised by a member of the medical profession to seek treatment for, or (iv) consulted with a health care provider regarding:	
(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Stent Placement, Valvular Heart Disease with Repair or Replacement, Cardiomyopathy, Congestive Heart Failure, Congenital Heart Disease, Stroke, Transient Ischemic Attack (TIA)/mini-stroke, abnormal heart rhythm, or Cerebral, Aortic or Thoracic Aneurysm? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Chronic Lung Disease (except mild Asthma), including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Sarcoidosis or Cystic Fibrosis? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Sickle Cell Anemia, Lou Gehrig's Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down's Syndrome, Autism, or any other disease of the central nervous system? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Chronic Kidney Disease, end-stage Renal Disease with dialysis, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Cancer, Leukemia, Melanoma or any other internal cancer (except basal cell or squamous cell skin cancer)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Systemic Lupus or Scleroderma? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) an organ transplant? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Underwriting (Questions 3 – 7)



<p><b>3. Has the Proposed Insured currently or within the past 12 months:</b></p> <p>(a) required the assistance of another person or a device of any kind for bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems? .....</p> <p>(b) received, or been advised to have, any of the following types of care: nursing home, assisted living facility, adult day care facility, home health care services or is the Proposed Insured currently confined to any hospital or other medical facility? .....</p> <p>(c) used any of the following: walker, wheelchair, electric scooter, oxygen, or catheter? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>4. In the past 12 months, has the Proposed Insured:</b></p> <p>(a) been advised by a member of the medical profession to have a surgical operation, diagnostic testing other than for routine screening purposes, treatment, or other procedure which has not been done? .....</p> <p>(b) experienced chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>5. In the next 2 years, will the Proposed Insured engage in any motor sports racing, boat racing, parachuting/ skydiving, hang gliding, base jumping, rock or mountain climbing? .....</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. In the past 10 years, has the Proposed Insured:</b></p> <p>(a) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a member of the medical profession? .....</p> <p>(b) used or been convicted of possession of unlawful drugs or used prescription drugs other than as prescribed in any form? .....</p> <p>(c) been convicted of, incarcerated for, or currently awaiting trial for a felony? .....</p> <p>(d) been hospitalized for high blood pressure or any mental or nervous disorder? .....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7. In the past 5 years, has the Proposed Insured been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving, or had four or more moving violations? .....</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

# Underwriting (Questions 8 – 10)



<b>8. Has the Proposed Insured ever had:</b>	<b>Proposed Insured</b>
<b>(a) Diabetes?</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(b) Diabetes before age 50 other than Gestational Diabetes?</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(c) Diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)?</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. In the past 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)?</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. In the past 5 years, has the Proposed Insured consulted with a doctor or been hospitalized or treated by a health care provider for any other health condition (other than for routine physical checkups, eye, employment or FAA examinations)?</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If answered "Yes" to questions 8-10, please list details below. If more space is needed, use the Comments section in Part 1.**

Person Proposed for Insurance	Medical Impairment, Injury, Illness or Results of Testing or Examinations (If operation was performed, state type)	Month and Year	Duration	Degree of Recovery	Name, Address, ZIP and Telephone Number of Hospital, and/or Attending Physician

# Term Life Express (TLE)



## No-Cost Benefits\*

- Residential Damage Waiver of Premium **No Cost!**
- Unemployment Waiver of Premium **No Cost!**
- Accelerated Death Benefit Provision **No Cost!**
- Common Carrier Death Benefit Provision **No Cost!**

\*All benefits are not approved in all states. Please check state availability.



# Term Life Express (TLE)



## Additional Riders\*

- Disability Income
- Return of Premium (ROP)
- Waiver of Premium Due to Disability
- Accidental Death Benefit
- Dependent Child

\*All Riders are not approved in all states. Please check state availability.



# Term Life Express (TLE)



Term Life Express (TLE) policies issued on or after **May 1, 2014**, will be convertible. The policy must be in force for 2 years and must be converted before the end of the level term period or the policy anniversary following the insured's 70th birthday whichever is earlier.

# Rate Quotes



- Winflex is currently available to download
  - Product = Term Life Express
- Online calc tool is also available!
  - [www.mutualofomaha.com/broker-quote](http://www.mutualofomaha.com/broker-quote)
  - Works great on your iPhone, iPad, smart phone or tablet! Save it to your favorites

# Mobile Quotes Now



## Mobile Quotes Now

### Products

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[Living Promise Whole Life Insurance](#)

[Term Life Express](#)

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# Mobile Quotes Now




## Mobile Quotes Now

Products 

### Term Life Express

State    
Not all products are available in all states.


Plan Type  

Gender  M  F

Tobacco Use  Y  N

Current Age  yrs

Face Amount

Payment Mode  

#### Premium

**\$26.70**  
Monthly

Quoted premium is for base plan and no-cost riders where available. Please use Winflex to quote additional riders.

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- **Complete portfolio of 15, 20 and 30 year products**
- **Simplified issue up to \$250,000 (\$400,000 with oral swab)**
  - ✓ **No Blood, No Urine, No Paramed Exam**
- **Available on the iGO e-App<sup>SM</sup>**
- **One sided paper apps now available**
- **24 hours to issue for 'clean' applications**
  - ✓ **Express Underwriting is faster than ever**

# Sales Support



**Sales Support: 1 (800) 693-6083**

- Product questions
- Proposal software quotes
- Order marketing materials
- Sales Professional Access help
- Gateway to any department in the company



# Underwriting Contacts



## Underwriting Support Center:

- 1 (800) 775-7896

## Case Status:

- [Statuslines@mutualofomaha.com](mailto:Statuslines@mutualofomaha.com)
- Website pending reports (Producer website)

## Contact Any Individual By Calling 'Sales Support':

- 1 (800) 693-6083

# Sales Contacts



## **Brent Bench**

Life Sales Director

(402) 968-4379 cell

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## **Dylan Cummings**

Account Executive

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